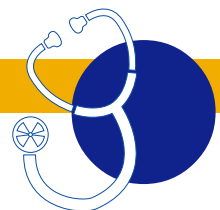


# NO

## Healthy Start in Montana

State Enrollment Process **Prevents Children**  
from **Accessing CHIP** and **Medicaid.**



by Carson Strege-Flora

**ACKNOWLEDGMENTS:**

This report would not have been possible without the hard work of Briana Kerstein, Rebecca Holloway, Alana Mueller, James Musumeci, and Janet Robideau of Montana People's Action (MPA) and Kevin Borden of the Northwest Federation of Community Organizations (NWFCO).

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BY CARSON STREGE-FLORA

The National Breaking Barriers Series Nº. 3

Montana People's Action (MPA)  
Northwest Federation of Community Organizations (NWFCO)  
May 2000

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## ABBREVIATIONS

The following abbreviations are used in this report:

**DPHHS:** The Montana Department of Public Health and Human Services. DPHHS is the state agency that administers Medicaid and the Children's Health Insurance Program in Montana.

**FAIM:** Families Achieving Independence in Montana. FAIM is Montana's new welfare program.

**HCFA:** The Health Care Financing Administration. HCFA is the federal agency that administers Medicare, Medicaid and the Children's Health Insurance Program.

**OPA:** Office of Public Assistance. Each county in Montana has its own OPA.

**TANF:** Temporary Assistance for Needy Families. TANF is the new federal welfare program that replaced Aid to Families with Dependent Children.

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# EXECUTIVE SUMMARY

**“When my daughter Aspen was born she was diagnosed with having hypothyroidism. She must take medication daily to keep her thyroid normal and needs to have monthly blood work done. We had Medicaid for Aspen, but when my husband got more hours at work, we got a letter saying she was no longer eligible for Medicaid. They never told us about CHIP and how we could apply for that program. I worry what will happen,”—Julie Bunton; Missoula.**

.....

Unfortunately, Julie Bunton’s story is not unusual in Montana. Many low-income, uninsured Montana children are eligible for one of two low-cost or free health insurance programs: Medicaid and the Children’s Health Insurance Program (CHIP). Yet thousands of these children are going without needed health care coverage. The Montana Department of Public Health and Human Services (DPHHS), which is responsible for enrolling children in Medicaid and CHIP, has failed to create a federally required streamlined enrollment process and has erected barriers to enrollment so numerous and high that many parents are unable to navigate the process to completion.

One out of every four children in Montana lives without health insurance coverage. These children are less likely to receive preventive care, less likely to have their injuries treated, and less likely to see a doctor when they are ill than insured children. But, for half of Montana’s uninsured children life doesn’t need to be this way. About half of Montana’s uninsured children, about 27,600 children, meet the income eligibility criteria for Medicaid or CHIP.

Montana People’s Action (MPA) and the Northwest Federa-

tion of Community Organizations undertook this study to understand why so many eligible children are going without needed health care coverage. MPA identified 25 low-income families with uninsured children and tracked their experiences attempting to apply for Medicaid or CHIP at local welfare offices. Parent applicants were interviewed in accordance to a protocol developed for this project after each interaction with the welfare office.

This study found that DPHHS’ enrollment process prevents families from accessing the health insurance coverage offered by CHIP and Medicaid. DPHHS has failed to create a streamlined enrollment process that insures children who apply for CHIP or Medicaid actually receive health care coverage if they are eligible for either program. Currently, when a family applies for CHIP, their children can be denied if the family’s income is too low. Yet, DPHHS does not enroll the children into the appropriate program, Medicaid. Similarly, when a family applies for Medicaid, the children can be denied Medicaid because the family’s income is too high. Yet, DPHHS does not enroll the children in the appropriate program, CHIP. Instead, families must figure out how to apply for the appropriate health care program themselves and begin a new application process with new forms, more interviews, and new verification requirements.

The lack of a streamlined system is only one of many problems in DPHHS’ enrollment process. DPHHS’ Medicaid enrollment process is unnecessarily complicated and time-consuming; parents must wade through misinformation, a cumbersome application form, and degrading interactions in the hopes of obtaining health care for their children. Parents who apply for CHIP at their local welfare offices face similar problems. And, DPHHS has failed to take

even the most basic steps to inform families about the low-cost health insurance coverage Medicaid and CHIP offer.

DPHHS can correct these problems by:

1. Creating a seamless, simplified application and enrollment process;
2. Adopting a neighborhood-based outreach program;
3. Expediting enrollment to ensure eligible children receive health insurance coverage as quickly as possible;

4. Providing clear and consistent verbal and written information to applicants about their rights and the resources available to them;
5. Providing maximum service and assistance to applicants;
6. Providing training to workers so they can provide the best service and assistance possible to applicants.

Section Five of this report fully explains the actions DPHHS should immediately take to solve the problems experienced by the 25 applicants in this study.



## INTRODUCTION

When parents cannot access affordable health insurance coverage for their children, serious problems result. One out of four Montana children, about 58,000 children, were uninsured in 1998.<sup>1</sup> These children risk developing long term health and dental problems because they are less likely to see a doctor when they are ill and less likely to receive preventative services and immunizations than insured children.<sup>2</sup> In addition, uninsured children are less likely to receive medical attention for serious injuries.<sup>3</sup> Studies show that health insurance status can affect school performance. Nearly one in five uninsured children have untreated vision problems, affecting their ability to read. In addition, uninsured children are 25 percent more likely to miss school than insured children.<sup>4</sup>

**“...one of every two uninsured Montana children could be covered by free or low-cost health insurance offered by Medicaid or CHIP.”**

If uninsured children enroll in one of Montana’s two low-cost health insurance programs—the Children’s Health Insurance Program (CHIP) and Medicaid—they can avoid the problems associated with their uninsured status. About half of Montana’s uninsured children, about 27,600 children, met the income eligibility criteria for Medicaid or CHIP in 1998.<sup>5</sup> This means that *one of every two uninsured Montana children could be covered by free or low-cost health insurance offered by Medicaid or CHIP.*

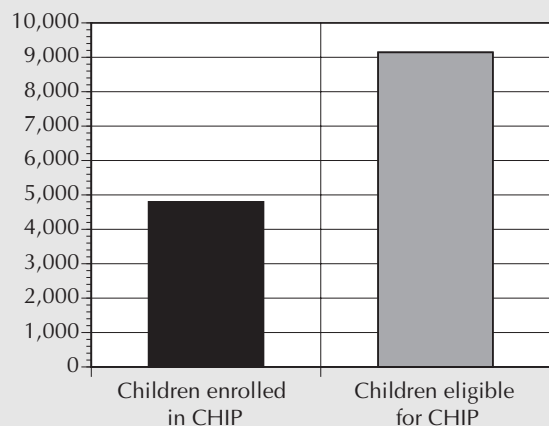
Montana People’s Action (MPA) and the Northwest Federation of Community Organizations undertook this study to understand why so many eligible children are going without needed health care coverage. MPA identified 25

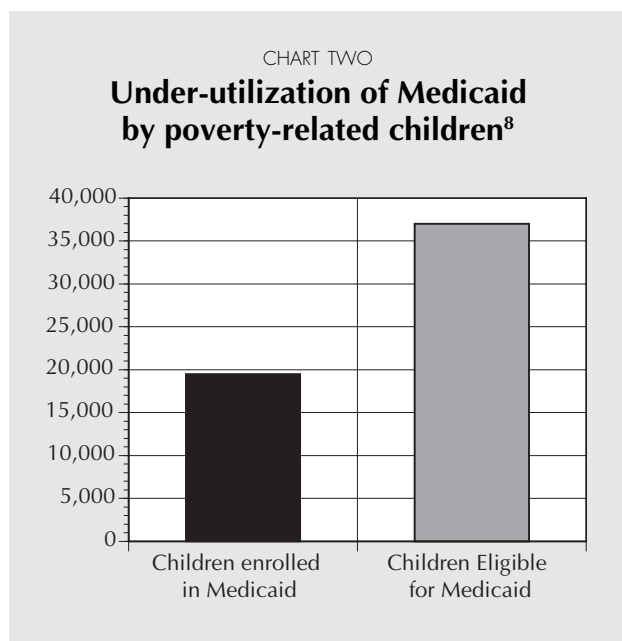
low-income families with uninsured children and tracked their experiences attempting to apply for Medicaid or CHIP at local welfare offices. Parent applicants were interviewed in accordance to a protocol developed for this project after each interaction with the welfare office.

This study found that the Montana Department of Public Health and Human Services (DPHHS), which is responsible for enrolling children in Medicaid and CHIP, has failed to create a federally required streamlined enrollment process<sup>6</sup> and has erected barriers to enrollment so numerous and high that many parents are unable to navigate the process to completion.

Section Three of this report describes the key findings of the study. In Section Four, seven barriers to enrollment erected by DPHHS, including some that appear to be

CHART ONE  
**Under-utilization of the Children’s Health Insurance Program (CHIP)<sup>7</sup>**





illegal, are outlined in detail. Section Five provides concrete solutions DPHHS can take to implement structural changes, create policies and procedures, and inform and train Office of Public Assistance (OPA) workers in order to eliminate all of the barriers identified by this study.

## KEY FINDINGS

.....

This study found the following barriers to enrollment at the Department of Public Health and Human Services (DPHHS) Offices of Public Assistance in Billings, Bozeman, and Missoula. These barriers unnecessarily delay and impede applicants during the Medicaid and CHIP application process.

### **Barrier One:**

**DPHHS fails to create a streamlined enrollment process for CHIP and Medicaid.**

Montana's disconnected enrollment process for CHIP and Medicaid leaves eligible children uninsured and appears to violate federal law. Children denied CHIP because their families' incomes are too low were not enrolled in Medicaid. Children who were denied Medicaid were not told about CHIP. Uninsured children are missing out because DPHHS has failed to create a streamlined enrollment process for CHIP and Medicaid.

### **Barrier Two:**

**DPHHS requires applicants for Medicaid and CHIP to take unnecessary steps and gives applicants misinformation.**

Some CHIP applicants were required to attend interviews and watch FAIM videos in order to apply. Some Medicaid applicants were required to produce unneeded documents. A pregnant Medicaid applicant was told there was a six-month waiting list. These additional burdens, some of which appear to be illegal and none of which are a part of Montana policy, can prevent children from accessing health insurance.

### **Barrier Three:**

**DPHHS does not inform applicants of their rights.**

Applicants were not provided with information about their rights, including the critical right to appeal a decision. No applicants saw federally required information about Medicaid eligibility and the Medicaid enrollment process. In addition, most applicants did not see the Recipient's Bill of Rights, an agreement between community groups and DPHHS to protect recipients' rights.

### **Barrier Four:**

**DPHHS uses a Medicaid interview process that is inflexible and discriminates against working applicants.**

Applicants' work schedules were not accommodated and many applicants had to miss work in order to attend required interviews. Some welfare offices severely restrict the times applicants can return for interviews. In Bozeman, interviews are available only at 8:00 a.m. or 10:00 a.m. Applicants are not scheduled for interviews when they obtain a Medicaid application. Instead, applicants have to make an additional trip to the office in order to schedule their interviews.

### **Barrier Five:**

**DPHHS uses a Medicaid application form that is long and confusing and requires unnecessary verification documents.**

DPHHS requires applicants for Medicaid to complete a cumbersome, 17-page application to apply for Medicaid.

Verification requirements, none of which are required by federal law, are lengthy and time consuming for applicants. While the Montana legislature passed a law in 1999 that required DPHHS to develop and use a combined Medicaid and CHIP application, DPHHS has not yet replaced the separate CHIP and Medicaid applications with a combined application.

**Barrier Six:**  
**DPHHS' outreach efforts are inadequate.**

Outreach activities are critical to getting children enrolled in Medicaid or CHIP. Most of the applicants in this study heard about CHIP from Montana People's Action and otherwise would not have applied for the program. Montana

has millions of dollars at its disposal to spend on outreach activities. Yet, DPHHS has spent only 1 percent of a nearly \$3 million dollar federal fund available for outreach.

**Barrier Seven:**  
**DPHHS does not provide applicants with the help and information they need.**

Applicants found the front desk staff at OPA offices to be "not helpful" and about a third felt they were not treated with respect. Only a quarter of applicants received help correcting problems on their applications. Only 10 percent of applicants were told to submit their applications right away. This is important because when a Medicaid application is submitted, the state must act upon it within 45 days.



## Barriers to Enrollment

# ONE

## DPHHS fails to create a streamlined enrollment system for CHIP and Medicaid.

### STUDY FINDINGS:

- *At least 25 percent of the applicants in this study initially applied for a health insurance program they were not eligible for and were denied because their incomes did not meet the program's criteria. [Not all applicants received information about eligibility before the end of this study.]*
- *Of the applicants who were denied Medicaid, 71 percent were not told about CHIP.*
- *Applicants who were denied CHIP because of Medicaid eligibility were not enrolled in Medicaid. Instead, children who appear to be eligible for Medicaid are mailed a Medicaid application with their CHIP denial letter.*
- *Half of the CHIP applicants returned their applications in person to the OPA office; yet only one-third were assessed for Medicaid eligibility before they applied for CHIP.*
- *While state legislation requiring a joint CHIP and Medicaid application form went into effect more than a year ago, the joint form is not widely used. Less than 10 percent of applicants received a joint application form.*

Federal law requires states to screen and enroll children in Medicaid if they are denied CHIP because of their eligibility for Medicaid. This is to ensure that children do not go uninsured when they are denied for CHIP. While DPHHS appears to screen CHIP applicants for Medicaid eligibility, DPHHS merely refers applicants to Medicaid. Under federal law, a referral to Medicaid is insufficient.<sup>9</sup>

Medicaid and CHIP, Montana's two health care programs available to children, have different eligibility criteria. In general, very low-income children are eligible for Medicaid and low-income children are eligible for CHIP. In addition, Medicaid has an assets test while CHIP does not. (An assets test is not a requirement of federal law and 40 other states have dropped this requirement.<sup>10</sup>)

Because of the different eligibility requirements, it is critical that Medicaid and CHIP be well coordinated if parents are to find the right program for their children with minimal confusion. Parents should not need to supply the same information twice or become experts on program eligibility rules to access health care insurance for their children.

Montana's CHIP and Medicaid enrollment system has the foundation to become a streamlined system. State employees determine both CHIP and Medicaid eligibility and the Montana's legislature passed a bill in 1999 requiring the DPHHS to create a joint application for Medicaid and CHIP. However, DPHHS has failed to successfully implement a streamlined enrollment system.

• **"I applied for CHIP but both my children were denied. They sent me a Medicaid application with my denial application. I mailed that in to the OPA, but OPA never called me back. I don't know what happened. It's been weeks and I have heard nothing,"—name withheld; Missoula. [Federal law requires states to enroll children denied CHIP because of their Medicaid eligibility in Medicaid, not merely refer them.]**

• **"We just moved here and I won't be working until next month. They told us to apply for Medicaid but I know I'll be making too much next month to qualify. I told them this but they never told us about CHIP. I learned about it from James [MPA organizer],"—Becky Bigely; Missoula.**



### **Carrie Flankey, Missoula**

I am married and the mother of two daughters, Sheena who is 11 years old and Ariel who is 4 years old. I have another child on the way. My husband is employed full time on night shift and I work part time at my older child's school in exchange for her tuition. Our gross income is around \$1,440 a month and we cannot afford the \$390 a month it would cost to have private health insurance for our family.

I first learned of the CHIP program last year from my daycare. I requested an application for the program and one was sent to me in the mail after several weeks. I looked at the income guidelines and it looked like we wouldn't be eligible because of our income. Instead, I applied for Medicaid for our children.

At my Medicaid interview, I was told that my youngest daughter was eligible for Medicaid but that our older daughter was not eligible. [In Montana, older children applying for Medicaid must meet lower income-eligibility requirements than younger children. In other words, siblings from one family may have to meet different eli-

gibility standards.] I decided to apply for CHIP for Sheena. I gave the OPA my CHIP application and my check for the \$15.00 application fee. The person in the OPA office told me she didn't know what to do with the application fee and I should just keep the check and turn in the application without the fee.

Later in February, upon discovering I was expecting another child, and hearing nothing on the CHIP application, I again applied for Medicaid coverage, this time for Sheena, my new baby, and myself. They told me that Ariel and I were eligible, but Sheena still was not.

About six weeks after submitting my CHIP application for Sheena, I received a letter in the mail informing me that they could not process my application because they did not have my application fee. I was forced to wait until after we got paid again in order to have the money to send in for the application fee.

I just mailed the check to the CHIP office on March 27, 2000 so that they will process my application for coverage for Sheena. It has been six or seven months from the time I began this process, and I still do not know if the CHIP program will cover her. It has been over two years since she has been able to go to a doctor for a checkup, and she has asked me several times when she will be able to go in for a doctor's visit. I have had to tell her she will have to wait as we just cannot afford to pay for doctor visits out of pocket.

I worry constantly about my children's health, and pray for them to stay healthy and safe. I feel blessed that they have remained well and uninjured but still worry about what will happen if Sheena requires any medical care. I know from experience how quickly bills can mount up and I just don't know how we could pay for them if they did. There just isn't any money left for medical bills. Hopefully we will hear something about the CHIP coverage soon so I can quit worrying about my daughter's health.

## Barriers to Enrollment

# Two

## DPHHS requires applicants for Medicaid and CHIP to take unnecessary steps and gives applicants misinformation

### STUDY FINDINGS:

- 17 percent of CHIP applicants were required to have an interview. An interview is not part of the CHIP application process.
- 17 percent of applicants were required to watch a cash assistance video before they could apply for Medicaid, although they were not applying for such assistance.
- Some Medicaid applicants were given incorrect information that diverted them from immediately applying for Medicaid. A pregnant woman was told that there was a six-month waiting list to apply for Medicaid. [Federal law prohibits states from imposing a waiting period for Medicaid applicants.]<sup>11</sup>
- A CHIP applicant was told to submit her application without the required \$15 application fee. She later received a letter from CHIP saying they would not process her application without the fee. The applicant had to wait until her next paycheck to pay the fee, further delaying her children's health insurance.

When welfare offices engage in diversionary practices like requiring Medicaid applicants to view a video or telling applicants there is a waiting list for Medicaid, they are discouraging applicants from applying and elongating the time it takes for applicants to access services. Applicants do not generally understand what they must do to apply. When an OPA worker tells applicants they must complete a task, applicants generally do it. Requiring CHIP applicants to have an interview at the OPA office is unnecessary and erroneously requires CHIP applicants to take an additional step to apply. Since welfare offices are not in the practice of informing applicants on how to appeal decisions, clients are not aware that an appeal is even possible.

• **“At my interview they gave me more forms to fill out. A few days later I got a letter from OPA saying that if I didn’t get the form back to them in one week my case would be closed,”—Liz Decicco; Billings.**

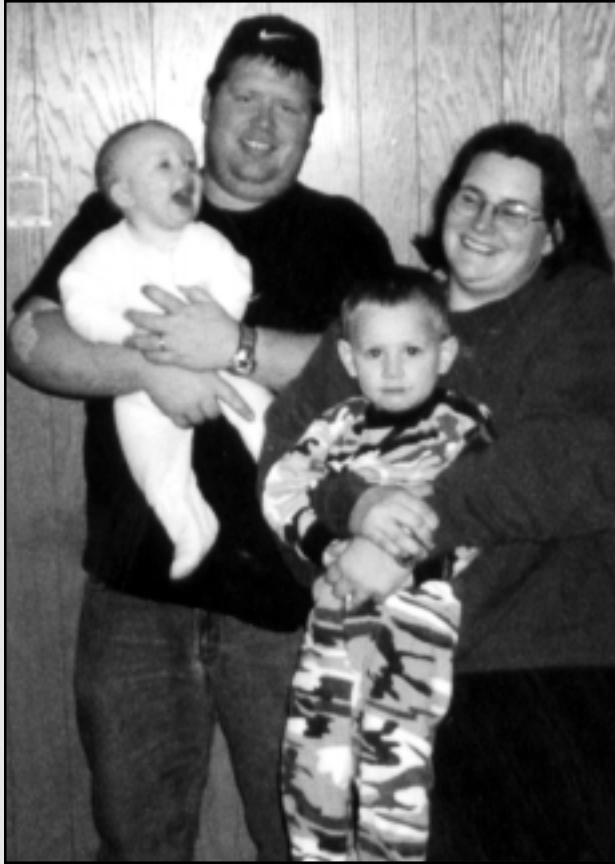
• **“They told me that if I applied for Medicaid, it would make it harder for my son to get Medicaid. When I asked why, they wouldn’t answer,” —Phillina Tidzump; Billings.**

• **“They told me that there was a six-month waiting list to get Medicaid,”—Nicole Prado; Billings.**

• **“I mailed in my Medicaid application, but I never heard back from OPA,” —name withheld; Missoula.**

• **“They made me watch a welfare video before my Medicaid interview began,”—Shannon Gable; Bozeman.**





### **Shannon and Jason Gabel, Bozeman**

Our children, Alexander and Nicolai, have no health insurance. Alexander is two and Nicolai is nine months. My husband and I both have been out work of due to surgery. We both are receiving Workman's Compensation, but that only pays two-thirds of what we would actually be making if we were able to work.

We went down to the welfare office asking for health care for our children. We were given a Medicaid application. We didn't want to apply for Medicaid because we knew we wouldn't qualify because we have too many assets. My husband and I asked for CHIP. The woman at the front desk gave us a strange look and said we could qualify for Medicaid, but we told her we wanted the CHIP application.

Before we even got an application we had to watch their video. The video was about welfare and really that was all. I found it is directed towards a high school girl or post high school girl who is pregnant and needs assistance. It is directed towards someone who has no work experience, or someone who has never worked.

They told us to bring back our CHIP application and to do an interview. We have to wait almost a month to be able to see anyone! We were not told that we could mail in our application.

*[There is no requirement in Montana for CHIP applicants to attend interviews.]*

## Barriers to Enrollment

# THREE

## DPHHS does not inform applicants of their rights

### STUDY FINDINGS:

- Only 12 percent of applicants reported seeing required information about Medicaid services in written form.
- No applicants who were approved for CHIP were provided with information about how to appeal decisions made by the private insurance company.
- Only 42 percent of Medicaid applicants were told how to appeal decisions.
- Only 57 percent of applicants reported seeing the Recipient's Bill of Rights posted.
- Only 13 percent of applicants reported that they had the Recipient's Bill of Rights provided to them.
- 33 percent of applicants were not told that the information on the application form was confidential.

Federal regulations require states to provide information about Medicaid eligibility, services, and how to appeal decisions to applicants in simple and understandable terms.<sup>12</sup> This is to ensure that applicants understand the process and can take action if they feel they were wrongly denied. If Medicaid applicants do not understand how to appeal wrongful denials, their children will miss out on services they are eligible for. CHIP applicants also must understand how to appeal decisions about services made by the private insurance company that is providing the insurance for their children.

The Recipient's Bill of Rights is a document created through negotiations between the DPHHS and organized recipients led by Montana People's Action in 1998. This document includes important information about Medicaid applicants' rights. DPHHS agreed to post the Bill of Rights at all offices and provide it to applicants for services.

**“I applied for Medicaid for my daughter first but was denied. They told me about CHIP and I applied, but CHIP didn’t count my older son who is living with me. So our income was too high to get CHIP. MPA told me that I could appeal, but I don’t feel like it would do any good,”—Mary Rhodas; Billings.**

**“They never told me that my information was confidential. I don’t want my husband to know where I am. So I was worried and delayed my decision to apply for several months,” —Sharron M.; Bozeman. [Sharron later learned that that her information was confidential.]**



## **Nicole Prado, Billings**

I have been getting work through a temporary agency when work is available. I get \$6.00 an hour. In September 1999, I went into the Medicaid office to get on Medicaid during my pregnancy and the birth of my child. When I asked at the front desk for the application, I was asked, "How many children do you have?" I answered that I was expecting my first child. The woman asked, "When are you due?" I told her that I could have the baby any time in the next two months.

The woman told me that it wouldn't do me much good to apply for Medicaid because there was a six-month waiting list for it. She said I could fill out the application now or wait the six months. It wouldn't really make much difference because I could not get the assistance for six months anyway. I left the office that day without filling out the ap-

plication and did not have any coverage for my doctor visits or the birth.

I went to the Billings Clinic for prenatal visits and gave birth to my daughter at Deaconess Hospital on November 20, 1999. I have \$3,646.82 in bills from Deaconess. When the hospital called me about paying my bill, I told them I am not working regularly and can not afford more than about \$10.00 a month payment. The woman I talked to on the phone told me that she would send out some forms for me to fill out to get my bill reduced or paid for, but I have not received any forms in the mail. I am still getting bills, it seems like almost every day, but because I do not have regular work I have not been able to pay them.

[There is no waiting list for Medicaid in Montana.]

## Barriers to Enrollment

# FOUR

## DPHHS uses a Medicaid interview process that is inflexible and discriminates against working applicants

### STUDY FINDINGS:

- *Welfare offices generally do not allow applicants to schedule interviews at the time they pick up applications, even when an interview time is requested. This practice requires Medicaid applicants to make an unnecessary trip to the welfare office to schedule the required interview.*
- *In Bozeman, interviews are only offered only at 8:00 a.m. or 10:00 a.m. on every day except Wednesday. Some Bozeman applicants waited more than three weeks just to get an interview.*
- *Two-thirds of applicants who requested alternative interview times because of job conflicts were denied an alternative time.*
- *Welfare offices in Bozeman, Billings, and Missoula do not provide interview times before 8:00 a.m. or after 5:00 p.m., making it impossible for day-shift workers to apply without missing work.*
- *Applicants waited, on average, a half an hour before their scheduled interview began.*

Although there is no federal requirement to do so, Montana welfare offices almost always require Medicaid applicants to have a face-to-face interview with a FAIM coordinator.<sup>13</sup>

Applicants for children's health insurance programs typically work at low-wage jobs that do not offer flexible schedules. Missing time at work means losing needed pay. When OPA offices do not schedule interviews when parents obtain applications, parents must make unnecessary trips to the office. Many low-income families face challenges with transportation and child care. Trips must be painstakingly arranged. When OPA offices are not open during evenings or weekends, day shift workers must miss work to apply for health insurance. Not allowing parents to reschedule interviews because of their work schedules conflicts with DPHHS' goal of helping families maintain self-sufficiency. Requiring CHIP applicants to attend interviews is completely unnecessary and is an additional burden on low-wage working parents.

• **"They made me watch a video about welfare before my interview and then my interview lasted more than an hour. It felt like I was at the office forever,"—Mary Rhodas; Billings.**

• **"I had to return to the OPA office for an interview after they gave me my CHIP application. They gave me an interview when I was supposed to be working, but they wouldn't give me a different time,"—Clarissa Manyhides; Billings.**

• **"I missed three hours of work for my welfare visit. My boss asked me if I was going to keep missing work or if I wanted to just put in my two weeks notice. I don't have any sick leave or vacation,"—Liz Decicco; Billings.**

• **"It took me a month to get an appointment. OPA said they were all booked up,"—name withheld, Bozeman.**



### **Toni LePage, Bozeman**

My job gives me health insurance, but the premiums are too high to add my husband, Jesse, and my son, Andy. Jesse has diabetes, which lands him in the hospital every so often and leaves us with huge hospital bills. Andy is not sick now but I worry all the time what will happen if he does get sick.

I went to the OPA office in March to get health insurance for Andy. I had to watch a video about welfare and how it is bad before they would give me an application for Medicaid. I asked to make an appointment, and I was told that I had to fill out the application first, hand it in and then I would be able to make an appointment. I handed in my application on April 5, but they wouldn't give me an appointment until April 20.

The women at the front office explained to me that appointments are only at 8:00 a.m. and 10:00 a.m. I work during these hours and I don't have a flexible job and I don't get paid when I'm not at work. I asked if there were any other times, but they said no and that I had to come at 8:00 a.m. or 10:00 a.m. My boss let me take the time off, but it still means losing pay that my family needs.

I did not like how we were treated at the OPA office. Their mannerisms come across as if you are bothering them and that you are wasting their time. I'm a mom who wants to make sure her family is healthy, why do they think that's a waste of their time?

## Barriers to Enrollment

# FIVE

### DPHHS uses a Medicaid application form that is long and confusing and requires unnecessary verification documents

#### STUDY FINDINGS:

- Applicants gave the Medicaid application an average rating of “difficult to understand.”
- Applicants gave the CHIP application an average rating of “basically understandable.”
- Only 10 percent of Medicaid applicants were offered help in obtaining documents, despite the fact that the application promises assistance from FAIM coordinators.
- No CHIP applicants were told which documents to include with their application.
- Only 18 percent of Medicaid applicants were told which documents to provide.
- 33 percent of Medicaid applicants were unable to fully complete their Medicaid application. The most common reasons given were “directions were unclear” and “I did not have required information.”
- 100 percent of CHIP applicants were able to fully complete their application.
- The CHIP/Medicaid joint application is not widely in use.

When parents apply for health insurance for their children, they usually get their first sense of the program when they see the application form. Long and complicated forms that use confusing language can deter applicants from applying.<sup>14</sup> Montana uses a 17-page application, not including a full page of instructions written in eight-point font—about this size. HCFA encourages states to make their Medicaid applications as short and easy-to-read as possible and 40 states report that they are using a Medicaid application that is four-pages or less.<sup>15</sup> Some applicants were also required to complete a two-page addendum to the application about their children’s child care situation. Montana’s application for CHIP is much shorter, only four pages plus one page of instructions. The combined CHIP and Medicaid form that was developed by DPHHS in response to the passage of Senator’s Dorothy Eck’s bill in 1999 is not widely in use. Only one applicant in this study was provided with a CHIP/Medicaid application form.

In addition to using longer-than-necessary application forms, clients are required to comply with burdensome verification requirements not required by federal law. In fact, according to the Health Care Financing Administration (HCFA), excessive requirements can deter families from completing the application process.<sup>16</sup> Under federal law, there are no mandated verification requirements to determine children’s poverty-related eligibility other than verification of alien status for non-citizen children. A child’s citizenship can be established through declaration.<sup>17</sup> Yet Montana has chosen to be more restrictive. Its Medicaid application lists more than 50 documents that may be required to verify the information provided on the application. Montana’s CHIP application is much more specific and provides clear directions about what type of verification is required.

• **“Why do they ask so many questions about assets [on the Medicaid application]? Couldn’t it just be one question?”—Jennifer Bowling; Billings.**

• **“They used a lot of confusing words on the (Medicaid) application. They ask about my financial institution – why don’t they just call it a bank? Some of the questions were hard to understand,”—Chue Vang; Missoula.**



### **Phillina Tidzump, Missoula**

I am married and have a 13-month-old son, Lance. My husband works in construction, so his income varies with the construction season. We were receiving cash assistance, food stamps and Medicaid until last summer when we were given a vehicle by a relative. I reported the van to my case worker as required. I was asked to provide the registration showing the vehicle was ours, which I could not do as we could not afford to put it into our name with the high cost of title transfer and licensing in Montana. Because I could not turn in that particular paperwork, we lost our cash assistance by the end of June 1999, and our food stamps and Medicaid within another month.

I re-applied for Medicaid last month. I went into the Office of Public Assistance to get the application, took it home and filled it out and took it back to turn in. They gave me an interview time. During my interview, the caseworker continued to take telephone calls, and at one point got up and left the office for about 10 minutes and left me sitting there.

She told me that the state could decide to pay the insurance premiums at my husband's work instead of giving us Medicaid. The problem with that is that my husband's insurance is not very good insurance and it has a \$500.00

per person deductible, meaning we would still have to pay medical costs until the deductible was met. She also told me that if I was on Medicaid that it would make it harder for my son to get Medicaid. When I asked for an explanation of what she was telling me, my caseworker repeated what she had told me the first time. I didn't then and still don't understand what she was telling me, or why it would make it harder for my son to get Medicaid if I get it also.

I had not been told exactly which documents I should bring in with me, and I did not have everything they required. My husband and child receive small per-capita checks each month from the tribe that they are members of. I was required to call Wyoming to get the verification of these checks, even though the caseworker told me that did not count as part of our income and would not count against us. Since I do not have a telephone, I had to get the money to pay for a long distance phone call to Wyoming to get this information. I do not understand why we have to show this verification if the per capita payments do not count as income.

All together, I have paid six or seven visits to the OPA office, with picking up the application, dropping off the application, the interview, and dropping off the documents that I did not have during the interview. I do not have transportation available, so I have to arrange a ride and take my child with me to the interview and to drop off the paperwork.

Currently, the only way I can get any health care for my son is to drive to the low-cost clinic in Browning [on the Indian Reservation], which is over four hours away. He is behind on his required vaccinations because we can not do the drive to Browning when the clinic there is open during the week, plus the cost for gasoline to get there and back is not something we can afford to pay for. I hope to hear about the food stamps and the Medicaid coverage soon, so my son can get his shots and health checkups that he needs.

## Barriers to Enrollment

# SIX

### DPHHS' outreach efforts are inadequate

#### STUDY FINDINGS:

- *Most CHIP applicants learned of CHIP only after Montana People's Action contacted them. Others heard about it through the WIC program, their school, or a friend.*
- *Only 46 percent of applicants were told about the availability of food stamps when they applied for children's health care. No other programs were mentioned to parents.*
- *When children are enrolled in CHIP, their parents are not informed about other income support programs they may be eligible for, like reduced-cost school lunches or child care.*

Outreach activities are a critical component of health insurance programs for children. Parents must know that a free or low-cost children's health insurance program exists or they cannot apply. Abundant funding is available to DPHHS for both CHIP and Medicaid outreach activities. After welfare reform in 1996, the federal government set up a \$500 million fund that can be used for outreach activities. Montana's share of this money equals almost \$3 million; yet DPHHS has spent only one percent of the available funds.<sup>18</sup> DPHHS can also use its \$27.7 million in unspent TANF dollars<sup>19</sup> for outreach for Medicaid and CHIP. In addition to its share of the \$500 million fund, for every dollar that Montana spends on outreach, it can claim 50 cents from the federal government. Montana can also spend up to 10 percent of the amount it spends on children's health care coverage on outreach activities.<sup>20</sup>

One of the cheapest and most basic types of outreach is not occurring in Montana: when applicants apply for health insurance, they should be told about other programs that they may be eligible for. Because the Medicaid application form in use is a combined application form for food stamps, child care, and other programs, FAIM coordinators have sufficient information to determine eligibility for other income support programs. In fact, the primary value of a combined application is that it can be used to identify applicants eligible for multiple programs. If it is not used for this purpose, it serves only to lengthen the application process for applicants.





### **Clarrisa ManyHides, Missoula**

I am the mother of a very active four-year-old daughter, Alliyeah. Her father and I both work and try to make a living. Even with both our incomes, my child still qualified for Medicaid until a year ago when I got a raise. I got a letter from OPA telling me that my 25-cent an hour raise put us over the income limit. Our daughter no longer has any health coverage. We can't afford to pay for private insurance, so we just had to hope nothing happens.

A month or so before my daughter was removed from Medicaid, she ended up with pneumonia and in the hospital. Thankfully, everything was ok and Alliyeah also had some major dental work done. If Medicaid had not covered her at that time, we would have had a large hospital and dental bill to pay. The problem now is that she is supposed to go back to the dentist for regular checks on the work that was done, but we have not been able to take her since she lost her Medicaid coverage. The cost of a visit is just too much for us to pay.

I worry about her all the time. Alliyeah is always on the go, and I worry about her getting hurt or getting sick again and the bills we would end up with if she does. I don't know how we would pay for it. I also worry about getting her dental work checked like the dentist said she needed.

It wasn't until about a month ago that I heard about the Children's Health Insurance Program and found out that I could have my daughter covered by health insurance with little or no cost to me. The OPA did not tell me about the CHIP program when they removed Alliyeah from Medicaid. They would have known that my child should qualify for the coverage. Why didn't they tell me in the letter they sent? I wish I could have known about the program before now so I wouldn't have been worrying so much the last year.

## Barriers to Enrollment

# SEVEN

## DPHHS does not provide applicants with the help and information they need

### STUDY FINDINGS:

- Only 10 percent of applicants were told to submit their health insurance applications as soon as possible. Submitting an application form begins the application process and fixes the day by which the state must provide Medicaid benefits to eligible children.
- On average, applicants gave OPA office workers a “D” when asked to grade the helpfulness of office workers.
- Of the applicants who had errors on their applications, 76 percent were not offered help in fixing the errors.
- 76 percent of applicants were not asked if they had any questions about the application process.
- Only 17 percent of applicants were given a phone number to call for help in filling out their application.<sup>21</sup>
- 35 percent of applicants felt they were not treated with respect.

Parents who need health care insurance for their children are not experts on CHIP and Medicaid enrollment rules. They need information and help from local welfare offices to ensure that they can expeditiously complete the enrollment process. Applicants who are not provided with sufficient help or do not know how to get help are more likely to become frustrated and drop out before they finish the process. When OPA workers are fully informed and consistently trained, simple actions like asking applicants if they have questions or fully explaining the enrollment process can help demystify the process for applicants. Behaviors that applicants perceive to be judgmental or disrespectful also can deter applicants from applying, creating more confusion and problems for the applicant. Applying for public health insurance need not be a disheartening experience for applicants, but disrespectful treatment makes it so.

• “The front desk person was so rushed with me. I wanted more information but she [the front desk worker] was so rushed so she wouldn’t answer my questions. She basically interviewed me right there, in front of a bunch of people who were in line. I wanted more privacy,”—Winslow White Crane; Billings [CHIP applicant].

• “It would be better if the office workers would tell you in person how to fill out the application and what you need to do. At a hospital, if you have questions, a nurse helps you fill out the forms and tells you what you need to know.”—Chue Vang; Missoula [Medicaid applicant].

• “The front desk worker was so mean to me. I didn’t even want to go back,”—Nicole Prado; Billings [Medicaid applicant].

• “If I hadn’t talked to James [an MPA organizer] ahead of time, I wouldn’t have known where to go or what to do. The front desk lady was completely rude and unprofessional,”—Lisa Cremer; Billings [CHIP applicant].



**Sharron M., Bozeman**  
**[last name withheld]**

My son is three years old. I applied for Medicaid in December, but OPA told me I needed to gather a bunch of documents and that I had to call Idaho and close my case there. I tried to live in Idaho for a while but I couldn't make it, so I moved back to Montana. I work during the day and I couldn't get a lot of the documents they wanted because the places that had the documents were only available during the day. And I certainly didn't have the money to make a long distance call to Idaho. I was denied Medicaid due to documentation I was missing. If I didn't have to find all of this information, I would have been approved for Medicaid.

In early March I decided to apply for Medicaid again. There were different applications for Medicaid and I was unsure which one was the one I needed to fill out. I went back to OPA with my Medicaid application and the front office told me I filled out the wrong application.

I asked for information about income guidelines, and the front office told me that they were not authorized to give out that information and I would have to find out during an interview.

I had to miss two hours of work for the interview. My boss doesn't like me taking off from work like this. I brought one CHIP application to the interview with me that Habitat for Humanity had given me and helped me fill out. When I went back to OPA for my interview, they told me that I made too much money for Medicaid. I gave my caseworker my CHIP application and she said it was the wrong CHIP form and I would have to fill out a new one.

This has been confusing and frustrating! I am tired of being told wrong information, filling out all the forms, and trying to find all the required documentation that I am never able to get. I just want health care for my kids.

## SOLUTIONS

The barriers documented in this report can be eliminated by decisive action by the director of the Department of Public Health and Human Services. Structural changes, improvements in the standard practices of the Department, and an increased investment in providing information and training to caseworkers can make the process of applying for Montana's health insurance programs for children a faster and smoother process for parents. The 5,000 members of Montana People's Action call on the Department to enact the following solutions:

### **A. Create a seamless, simplified application and enrollment process.**

- Create a simplified universal application for both programs. Make the application as short and simple as possible. Use it consistently in all offices.
- Use self-declaration rather than requiring written verification for information provided by applicants (as is done in Idaho).
- Make the application available at locations other than the Office of Public Assistance. Community-based organizations, clinics, community centers, and schools are likely locations for families to obtain applications and application material.
- Eliminate or reduce the application fee for CHIP.
- Eliminate the assets test for Medicaid.
- As required by federal law, ensure children who apply for CHIP are screened and enrolled in Medicaid, if they are Medicaid eligible. Ensure children who apply for Medicaid are screened and enrolled in CHIP, if they are CHIP eligible.

- Establish a protocol for families whose eligibility changes from Medicaid to CHIP and vice-versa. Switching enrollment from one program to the other should be seamless and automatic.

### **B. Expedite enrollment to ensure eligible children receive health insurance coverage as quickly as possible.**

- Eliminate the requirement for an interview before application for Medicaid or CHIP is completed. For interviews that must occur, make an interview available within five days.
- Presume that the applicant is eligible for the program and enroll them on the day the application is completed. Remove the applicant later if they are found ineligible.

### **C. Provide clear and consistent verbal and written information to applicants about their rights and the resources available to them.**

- Provide written information such as eligibility guidelines in easily accessible forms. Eliminate the practice of requiring an appointment to get information.
- Provide information on how to get help with the application. Invest resources in making such help easily accessible without a long-distance telephone call.
- Provide information about how to access related programs. Applicants should consistently receive information about food stamps, child care, housing assistance, and other assistance programs.

Local offices should also provide information about where to access medical care.

- Follow through on the Department's commitment to post the Recipient's Bill of Rights visibly in every office and to inform applicants verbally and in writing of their rights. Applicants should be informed that third party advocacy is available and given contact information for that assistance.

**D. Provide maximum service and assistance to applicants. Provide training to workers so they can provide the best service and assistance possible to applicants.**

- Welfare offices should establish expanded and flexible service hours in order to serve working parents.
- All OPA workers should possess consistent and up-to-date information on program changes.
- Workers should receive training in cultural diversity to better assist applicants. Offices should have materials in a variety of languages and be able to assist applicants who do not speak English.
- The Department should establish a simple and quick process for pre-screening applicants in or-

der to direct them to the program they are most likely to qualify for.

**E. Invest resources in an aggressive and diversified outreach campaign.**

*Enhance and improve the current CHIP and Medicaid outreach efforts by:*

- Investing resources in neighborhood-based, one-on-one outreach through community-based organizations.
- Conducting TV and radio advertising.
- Ensuring that written information includes eligibility guidelines and local or toll-free contact information.
- Working with community groups to conduct public meetings that include application assistance.

*Maintain accountability in the outreach campaign by:*

- Making a comprehensive written outreach plan, including subsidized or contracted outreach, available to the public.
- Providing an accounting of all outreach and outreach-eligible funds.
- Evaluating the outcome and effectiveness of individual funded or contracted private outreach efforts.

## CONCLUSION

Despite the existence of two low-cost health insurance programs for children—CHIP and Medicaid—one in four Montana children is living without health insurance. Montana’s Department of Public Health and Human Services (DPHHS), which is responsible for enrolling children in CHIP and Medicaid, has failed to provide health insurance to the approximately 27,000 children, half of all Montana’s uninsured children, who meet the income eligibility criteria for Medicaid or CHIP. These uninsured children are less likely to receive preventive care, less likely to have their injuries treated, and less likely to see a doctor when they are ill than insured children.

This study found that DPHHS’ enrollment process prevents families from accessing the health insurance coverage offered by CHIP and Medicaid. DPHHS has failed to create a streamlined enrollment process that insures children who apply for CHIP or Medicaid actually receive health care coverage if they are eligible for either program. Currently, when a family applies for CHIP for their children, their children can be denied if the family’s income is too *low*. Yet, DPHHS does not enroll the child into the appropriate program, Medicaid. Similarly, when a family applies for Medicaid for their children, the children can be denied Medicaid because the family’s income is too *high*. Yet, DPHHS does not enroll the children in the appropriate program, CHIP. Instead, families must figure out how to apply for the

appropriate health care program themselves and begin a new application process with new forms, more interviews, and new verification requirements.

The lack of a streamlined system is only one of many problems in DPHHS’ enrollment process. DPHHS’ Medicaid enrollment process is unnecessarily complicated and time-consuming; parents must wade through misinformation, a cumbersome application form, and degrading interactions in the hopes of obtaining health care for their children. Parents who apply for CHIP at their local welfare offices face similar problems. And, DPHHS has failed to take even the most basic steps to inform families about the low-cost health insurance coverage Medicaid and CHIP offer.

DPHHS can correct these problems by:

1. Creating a seamless, simplified application and enrollment process;
2. Adopting a neighborhood-based outreach program;
3. Expediting enrollment to ensure eligible children receive health insurance coverage as quickly as possible;
4. Providing clear and consistent verbal and written information to applicants about their rights and the resources available to them;
5. Providing maximum service and assistance to applicants;
6. Providing training to workers so they can provide the best service and assistance possible to applicants.

## RESEARCH METHODS

**N**o Healthy Start in Montana: State Enrollment Process Prevents Children from Accessing CHIP and Medicaid is based on data collected during March and April 2000 by Montana People's Action and the Northwest Federation of Community Organizations. The objective of this study is to identify policies and practices that delay or impede applicants from obtaining CHIP and Medicaid for their children.

Data were gathered from 25 parents with uninsured children identified by Montana People's Action through door-to-door outreach. Study participants applied for CHIP or Medicaid at the Billings, Bozeman or Missoula Office of Public Assistance. Researcher intervention in the appli-

cation process was limited to providing rides to public assistance offices.

Applicants were interviewed twice in accordance with the protocol developed for this project. The first interview occurred after the applicant obtained an application. The second interview occurred after the required interview at OPA. Applicants also shared the experiences in narrative form during their interviews with researchers. Some applicants requested that their names be withheld from the report. In addition, researchers looked for posted and written information at each public assistance office visited by an applicant.

## ENDNOTES

- <sup>1</sup> 1999 Current Population Survey, U.S. Department of Commerce, Economics and Statistics Administration, and U.S. Census Bureau, 1999. U.S. Total population of children for 1996 from Children's Defense Fund, <<[www.childrensdefense.org/states/data\\_mt.html](http://www.childrensdefense.org/states/data_mt.html)>>.
- <sup>2</sup> "One Out of Three: Kids Without Health Insurance 1995-1996," Families USA, March 1997.
- <sup>3</sup> "One Out of Three: Kids Without Health Insurance 1995-1996," Families USA, March 1997.
- <sup>4</sup> "Key facts about uninsured children," Children's Defense Fund, March 14, 1998.
- <sup>5</sup> Estimate for the number of children income eligible for CHIP and Medicaid from analysis of 1999 Current Population Survey data by the Center on Budget and Policy Priorities. The smaller sample size in Montana may affect the reliability of the data. In order to be eligible for Medicaid or CHIP, children must meet additional criteria other than income eligibility criteria. For example, children must be uninsured in most cases and meet citizenship or immigration status requirements. For Medicaid, children's families must meet an assets test to be eligible. In some cases, children can be eligible for Medicaid regardless of income requirements if they are disabled, adopted, or for other reasons.
- <sup>6</sup> Letter from Nancy-Ann Min DeParle, Administrator, Health Care Financing Administration, to state health officials, January 23, 1998.
- <sup>7</sup> Estimate for the number of children income eligible for CHIP from analysis of 1999 Current Population Survey data by the Center on Budget and Policy Priorities (see endnote #5). Eligible children in the chart include children enrolled in CHIP as of April 2000. Number of children enrolled in CHIP from "Give CHIP time to succeed," Helena Independent Record, April 20, 2000.
- <sup>8</sup> Estimate for the number of children income eligible for Medicaid from analysis of 1999 Current Population Survey data by the Center on Budget and Policy Priorities (see endnote #5). Eligible children depicted in the chart include children enrolled in Medicaid as of March 2000. Number of poverty-related children enrolled in Medicaid from Carl McMahon, Department of Public Health and Human Services, from TEAMS data chart "Active Medicaid cases by program subtype for March 2000," April 27, 2000. This reports focuses on barriers to enrollment for poverty-related Medicaid children. Therefore, children eligible for Medicaid for reasons other than income are excluded from this chart. The number of *all* children in Medicaid and children likely eligible for Medicaid is higher than this chart depicts.
- <sup>9</sup> Letter from Nancy-Ann Min DeParle, Administrator, Health Care Financing Administration, to state health officials, January 23, 1998.
- <sup>10</sup> Donna Cohen Ross and Wendy Jacobson, "Free and Low-cost Insurance: Children You Know are Missing Out," Center on Budget and Policy Priorities, 1998.
- <sup>11</sup> 42 CFR 435.911 and 42 CFR 435.903
- <sup>12</sup> 42 CFR 435.905
- <sup>13</sup> "What Did Welfare Reform Do to Medicaid in Your State and What Can You Do About it?" Families USA, January 2000.
- <sup>14</sup> Donna Cohen Ross and Wendy Jacobson, "Free and Low-cost Insurance: Children You Know are Missing Out," Center on Budget and Policy Priorities, 1998, p. 11.
- <sup>15</sup> Letter to State Health Officials from HCFA administrator Nancy-Ann Min DeParle, January 23, 1998. Donna



Cohen Ross and Wendy Jacobson, "Free and Low-cost Insurance: Children You Know are Missing Out," Center on Budget and Policy Priorities, 1998, p. 147.

<sup>16</sup> Letter to State Health Officials from HCFA administrator Nancy-Ann Min DeParle, January 23, 1998.

<sup>17</sup> Letter to State Health Officials from HCFA administrator Nancy-Ann Min DeParle, January 23, 1998. "Under Federal law, there are no verification requirements pertaining to eligibility for the children's poverty-level-related groups under Medicaid other than those related to alien status of non-citizens, and the *post eligibility* [emphasis added] requirements of 1137 pertaining to use of the individual's social security number and an income and eligibility verification system. Eligibility of a citizen child

may be established on the basis of a declaration under penalty of perjury. States are permitted to require further verification as a condition of eligibility."

<sup>18</sup> HCFA data from December 31, 1999.

<sup>19</sup> "Poverty Amidst Plenty: Amount of Unspent Federal Anti-poverty Funds Grows Despite Persistent Need," National Campaign for Jobs and Income, February 2000.

<sup>20</sup> Donna Cohen Ross, "Sources of Federal Funding for Children's Health Insurance Outreach," Center on Budget and Policy Priorities, February 17, 2000.

<sup>21</sup> The CHIP application provides applicants with both a toll-free and Helena, Montana number to call for assistance with the application.



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#### ORGANIZATIONS RELEASING THIS REPORT:

Montana People's Action is a statewide, multi-issue membership organization. Its members are socially and racially diverse and include low-and-moderate income Montanans. MPA empowers its members to achieve lasting change for social and economic justice by using direct action. The organization's activities have developed from effective neighborhood organization, to winning victories at the municipal level, to uniting diverse constituencies and communities to impact policy at the state level. In a state with the lowest average annual income in the country, the fastest growing poverty level, and the highest portion of the population working multiple jobs, MPA's mission of advancing social and economic justice assumes a growing urgency.

Northwest Federation of Community Organizations (NWFCO) is a regional federation of five statewide, community-based social and economic justice organizations located in the states of Idaho, Montana, Oregon and Washington: Idaho Community Action Network (ICAN), Montana People's Action (MPA), Oregon Action (OA), Washington Citizen Action (WCA), and Coalition of Montanans Concerned with Disabilities (CMCD). Collectively, these organizations engage in community organizing and coalition building in fourteen rural and major metropolitan areas, including the Northwest's largest cities (Seattle and Portland) and the largest cities in Montana and Idaho.

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